PREHOSPITAL PATIENT CARE
REPORTING (PPCR) MANUAL

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INTRODUCTION

Each EMS agency operating in Virginia must comply with the specifications of section 32.1–116.1 of the *Code of Virginia*. This section requires all licensed emergency medical services agencies to participate in the prehospital patient care reporting procedure by making available the minimum data set as prescribed by the Office of EMS. The data set is available on the Office of EMS Web site at http://www.vdh.state.va.us/oems/.

This data will be collected by the Virginia Department of Health, and once compiled will be available to EMS agencies upon request. Implementation of this data collection system will allow the Department of Health and the Office of Emergency Medical Services (Office of EMS) to better analyze EMS related issues, and more directly target programs needed by EMS providers and agencies across the Commonwealth.

The Virginia EMS data set will assist in the creation of an information system that will be capable of describing types of EMS incidents occurring in the State. Efforts are taken to link multiple databases currently in use. An example is the Crash Outcomes Data Evaluation System (C.O.D.E.S.) which links DMV crash data, vital statistics, trauma registry, PPCR and hospital discharge data together. The C.O.D.E.S. project can be viewed at http://vacodes.org.

Agencies should make very effort to report accurate and complete data. The excessive use of unknown or not applicable will not be considered compliance to the reporting requirements, nor will incomplete data.

EMS licensed agencies should be mindful of what they are reporting to their licensing authority and also reflects the quality of care and providers within its agencies.

Each EMS agency is responsible by regulation to have a quality assurance program and the reporting of accurate data can assist in that effort. OEMS maintains a biostatistician on staff that, upon request, can develop reports to agencies from the data submitted. Each agency also has the ability to generate reports from the PPCR software provided.

INCIDENT DOCUMENTATION AND DATA SUBMISSION GENERAL REQUIREMENTS

Incident documentation involves the recording of all patient assessment and treatment performed by licensed EMS agencies providing prehospital emergency medical services. Data submission involves sending the minimum data set that is collected through incident documentation to the Office of EMS. (Refer to Appendix A for a detailed explanation of the minimum data set.) All licensed EMS agencies (except those covered by the Special Considerations on page 5) that provide prehospital emergency medical services MUST document and submit data on all EMS incidents including cancelled calls, standby calls, patient refusals, and patient transfers. Data related to the use of permitted vehicles performing administrative, training or maintenance functions can be documented for agency use; however, it should NOT be submitted to the Office of EMS.

PATIENT CARE REPORTING OPTIONS

EMS agencies should document every incident assigned to their agency. The Prehospital Patient Care Report (PPCR) is a form available from the Office of EMS. It is used by the prehospital care provider to record information regarding every incident to which an agency responds as well as any patient assessments and/or care rendered. (Refer to Appendix F for a copy of the PPCR.) Agencies may elect to develop their own incident and/or patient care report forms. Additionally, there are commercial companies who offer software packages that support electronic patient care reporting. Many software programs can provide both an electronic patient care record and collect the required data for submission to the Office of EMS. Agencies MUST ensure that their selected means of patient care reporting captures, and complies with, the minimum data set described in Appendix A of this manual.

Any format used for patient care reporting should contain documentation that is accurate, complete and legible. The patient care report is both a medical record and a legal document. This form becomes the documentation by which the prehospital care provider can substantiate the situation encountered, the care provided for the patient and that they acted within the scope of their certification and training.

Any information regarding a patient's condition or care rendered that was not recorded on the original patient care report form prior to separation of the form's copies, must be put on a separate addendum. The format of this addendum or any supplemental forms to the original patient care report is to be defined by individual EMS agencies.

Note: From this point forward, patient care reporting will be included in the reference PPCR. This reference is intended to include the Virginia Office of EMS PPCR as well as any locally developed PPCR's.

DATA SUBMISSION OPTIONS

The Office of EMS will provide data collection software free of charge to all EMS agencies. This software allows providers to input their incident response and patient data and provides an option for data submission.

EMS agencies generally submit data electronically. Electronic submissions are submitted by uploading PPCR files via the OEMS Web site (preferred method) or by mailing in CD's or floppy disks. Instructions for submitting data electronically are further described in the PPDR Manual which is available on the OEMS Wed site.

Additionally, agencies may elect to utilize commercially available software or develop their own electronic data collection system. Agencies MUST ensure their selected means of data submission complies with all required data elements and meets the technical specifications described in Appendix B of this manual. Agencies are required to maintain compliance while establishing alternative software programs.

In addition to electronic submissions, agencies may submit using a hand written form (bubble sheet). This scannable form is available for EMS agencies and is based on the information documented on the PPCR. The form is available from the Office of EMS for those agencies that do not choose to submit data electronically. Actual copies of the PPCR run form are not to be sent to OEMS. (Refer to "Pre-Hospital Patient Data Report" section on page 22.) *Agencies should seek to upgrade to electronic submissions as the hand written forms will most likely be eliminated in the near future*.

Note: Any format utilized by an EMS agency for data submission is only intended to satisfy requirements for data submission and should not be incorporated into an individual's medical record.

DATA SUBMISSION DEADLINES

The law requires submission of the minimum data set to the Office of EMS. At a minimum, data submission is required quarterly each calendar year. Agencies have the option to submit data more frequently. Agencies have until the last day of the month following the end of a quarter, to compile and submit that period's data. If the last day of the month falls on a weekend or a state holiday, data will be due by the next business day.

Agencies that fail to submit the required data can result in adverse consequences and/or enforcement actions. See below for further explanation of reporting periods and data submission deadlines:

Calendar Year Quarter	Submission Deadline
July through September	October 31
October through December	January 31

January through March	April 30
April through June	July 31, 2001

SPECIAL CONSIDERATIONS

Routine ground transports:

Data submission by EMS agencies is NOT required for ground transports meeting the following criteria:

1. Any transport to or from a physician's office, clinic or health care facility that is for prescheduled testing, evaluation or treatment.

2. Discharges from a health care facility.

3. Scheduled admissions to a health care facility whether from a private residence or another health care facility.

SPECIFIC REPORTING AND DATA SUBMISSION REQUIREMENTS

Multiple patients:

In cases where there are multiple patients involved in the same incident, data must be reported and submitted for EACH patient seen by EMS. A separate PPCR should be completed for each patient contact or each point-to-point patient transport within an incident. Additionally, the appropriate data must be submitted from each of these PPCR's. This includes those individuals assessed, but who refuse treatment and/or transportation to a medical facility.

> Incident 1: a vehicle crash resulting in three (3) patients with injuries that need prehospital patient care would require three (3) separate PPCR's and the submission of incident response, patient assessment, patient care, and transport data for three (3) patients.

> Incident 2: a female patient delivering a baby while being transported would require two (2) separate PPCR's and the submission of incident response, patient assessment, patient care, and transport data for two (2) patients.

> Mass Casualty Incident: where an abbreviated patient care reporting mechanism (i.e. triage tag) is utilized, only the abbreviated patient information (refer to "PPCR Specific Instructions" section page 10) will be required to be reported and submitted.

Separate Point-to-Point Transports:

A separate PPCR should be completed for each point-to-point transport. Additionally, the appropriate data must be submitted from each of these PPCR's.

> Incident: a patient that is transported from the scene to a hospital and subsequently needs emergency transfer to another hospital would require two (2) PPCR's, one (1) from the original transporting agency and one (1) from the agency performing the emergency interfacility transfer as well as submission of incident response, patient assessment, patient care, and transport data from each agency.

Single agency responses:

When a single agency responds to an incident, each responding piece of apparatus must complete PPCR's and submit the appropriate data. Each piece of apparatus must minimally report their incident response information on separate PPCR's, but any patient assessments and/or care rendered by personnel from the same agency may be documented on a single PPCR. The PPCR indicating all patient assessments and/or care is to be completed by that agency's unit assuming responsibility for the patient.

Incident: The SAME agency responds to a motor vehicle collision with three pieces of apparatus. The first responder unit is an Engine Company, there is a basic life support unit and an advanced life support unit. The Engine Company arrives first, evaluates the scene, determines there are two (2) patients and begins patient care. The BLS ambulance arrives shortly after the Engine. Both patients require basic life support care. The ALS ambulance arrives on the scene and assists the Engine and BLS Ambulance's crews with patient care until both patients are loaded into the transporting BLS unit. Each piece of apparatus has reporting and data submission requirements to fulfill:

Engine Company   Completes PPCR documenting incident response. Submits incident response data to Office of EMS. Any patient assessments and/or care administered by their crew may be documented on the BLS Ambulance's PPCR.

BLS Ambulance   Completes PPCR documenting incident response and indicating all patient assessments and care performed by their agency's personnel on a PPCR. They will also include information regarding patient care provided through transport and arrival at the local emergency department on the same PPCR. Submits incident response, patient assessment, patient care, and transport data to Office of EMS.

| ALS Ambulance | Completes PPCR documenting incident response. Submits incident response data to Office of EMS. Any patient assessments and/or care administered by their crew may be documented on the BLS Ambulance's PPCR. |

Multiple agency responses:

In the event that MULTIPLE agencies respond to a call and/or evaluate a patient, each agency MUST complete PPCR's and submit the appropriate data.

Incident 1: A fire department first responder Engine Company and two transporting EMS agencies (an ALS Ambulance and a BLS Ambulance) are dispatched to a motor vehicle collision. All three units are from different EMS agencies. The fire department Engine arrives first, evaluates the scene, determines there is only one patient and begins patient care. One EMS unit (the ALS Ambulance) arrives on the scene and assumes patient care from the Engine Company and continues treating the patient. The other EMS unit (the BLS Ambulance) is placed in service prior to their arrival on the scene. The ALS Ambulance transports the patient to a local emergency department. Each agency involved in this incident has reporting and data submission requirements to fulfill:

The Engine Company	Completes a PPCR documenting their incident response and patient information, including patient assessment findings and any patient care administered by their crew prior to the ALS Ambulance assuming patient care responsibilities. (PPCR should reflect that patient care was transferred.) Submits incident response, patient assessment, and patient care data to Office of EMS.
The ALS Ambulance	Completes PPCR documenting incident response and patient information from the point of assuming responsibility, how they received the patient and any subsequent care provided through transport and arrival at the local emergency department. Submits incident response, patient care, and transport data to Office of EMS.
The BLS Ambulance	Completes PPCR documenting incident response. Submits incident response data to Office of EMS.

Incident 2: A transporting EMS agency (Agency A) is dispatched to a farming accident. One ambulance from Agency A responds with a volunteer driver from Agency A as well as a career Attendant in Charge (AIC) from Agency B. A responder from Agency C arrives at the scene in a personal vehicle. All personnel provide patient care. The

Attendant in Charge (AIC) is affiliated with Agency B. Agency B is therefore responsible for completing the PPCR documenting incident response and patient information.

Agency B must also submit the incident response and patient information data to the Office of EMS. In other words, the responsibility for completion of the PPCR and data submission lies with the agency to which the AIC is affiliated because the AIC receives medical direction from Agency B.

VIRGINIA OFFICE OF EMS
PRE-HOSPITAL PATIENT CARE REPORT (PPCR)
GENERAL INSTRUCTIONS

The Virginia Office of EMS has developed a pre-hospital patient care report (PPCR) form. This form provides a tool for documentation of incident response and all phases of a patient's care from initial patient contact through treatment and disposition. Additionally, the PPCR form supports the collection of the minimum data set for a patient (if completed correctly). (Refer to Appendix A for a detailed explanation of the minimum data set.) The PPCR form itself cannot be submitted to the Office of EMS for the purpose of satisfying data submission requirements. However, the form will provide an information source where data may be retrospectively transferred to an acceptable data reporting and submission mechanism (i.e. PPCR file uploading or floppy disk submission to the electronic data collection program).

The PPCR is a three-part document using "no carbon required" (NCR) paper to provide copies. This form should be completed on a firm surface using a BLACK or BLUE ballpoint pen. If you fold this form, make sure that there is a firm surface between sides to prevent marks from transferring through the NCR paper to the other side. Please be as neat, thorough, and accurate as possible since these reports serve as legal documents.

There are two major sections of the PPCR. The first section is to be completed for every incident and is identified as the section above the bold horizontal line that transverses the top third of the report form. This section is used to document an individual call and the unit's incident response information. The second section of the PPCR is to be completed when there is patient contact. As defined in the *Rules and Regulations of the Board of Health Commonwealth of Virginia Governing Emergency Medical Services*. The PPCR is used to substantiate all patient assessment and care provided by an EMS agency. Use of the PPCR is not intended for the documentation of the administrative or training functions of an agency.

Some sections of the PPCR may not apply to all calls. If an entire section does not apply, draw a line through the section and write "N/A." If a particular item (i. e. Pre-Existing Condition) does not apply, select the "NA" code. Providers are to

review all PPCRs for accuracy prior to separating the document for distribution. If there are errors, draw a single line through the error and initial on the line. Enter the correct information as appropriate on the form or create a new PPCR and destroy all copies of the form with the errors.

DISTRIBUTION OF THE SECTIONS OF THE PPCR

Copy distribution of the PPCR is as follows:

White   Retained by EMS agency as the legal document of medical care rendered.

Pink   Given to the receiving facility by the transporting agency OR may be used as a means to transfer patient information from a non-transporting unit to a transporting unit.

Golden Rod   Provided for the pharmacy of the receiving facility, when medications are administered. If no medications are administered the golden rod copy should be retained by the EMS agency and destroyed to protect patient confidentiality.

Note: Any information regarding a patient's condition or care rendered that was not recorded on the original PPCR prior to separation of the form's copies must be put on a separate addendum. The format of this addendum or any supplemental forms to the original PPCR is to be defined by individual EMS agencies.

ORDERING PPCR FORMS

PPCR forms can be obtained from the Office of EMS. Visit the OEMS Web site under the PPCR Program and "click" on PPCR Order Form. The order form can be faxed to (804)864-7580 or mailed to OEMS P.O. Box 2448, Richmond, Virginia 23218.

PPCR - SPECIFIC INSTRUCTIONS

The following information is supplied to augment the Virginia Office of EMS Data Element Dictionary (Appendix A). Users need to also refer to the Data Element Dictionary for additional definitions and explanations.

INCIDENT INFORMATION SECTION: This section should be completed for every incident. It is identified as the section above the bold horizontal line that transverses the top third of the report form (see #1). This section is used to document an individual call and the unit's incident response information. If a particular item (i. e. Location Type) does not apply, select the "NA" code.

For incidents involving cancelled calls, standby calls, patient refusals, patient transfers, or no patient, draw lines through the remaining sections as well as the entire second page and write "N/A" to note that these sections do not apply to these incidents (see #2).

Note: The data elements contained in the incident information section must be included in an agency's data submission.

PATIENT INFORMATION SECTION: This section of the PPCR must be completed when there is patient contact. The patient information section is used to substantiate all patient assessment and care provided by an EMS agency. If a particular item (i. e. Safety Equipment) does not apply, select the "NA" code. If an entire section does not apply to a particular patient, draw a single line through that section and write "N/A".

PPCR Field Name	Data Dictionary Reference Number	Remarks
Jurisdiction Incident #	2	Enter the unique number assigned to each incident as reported by the agency's public safety answering point (PSAP) or other designated entity (here after referred to as dispatch)
Incident in	n/a	Indicate where the incident occurred by marking either "City" or "County" as appropriate and entering the city/county name.
FIPS	3	Enter the Federal Information Processing Standards code (FIPS) (Appendix C) associated with the city, town or county where the incident occurred, where the patient was found or to which the agency's unit responded (or best approximation).
Date	11	Enter the date when the incident was first received by dispatch, coded as MMDDYYYY. (March 1, 2005 would be coded as 03012005).
Agency	N/A	Enter the name of the specific agency responsible for the response to the incident.
Agency #	1	Enter the Office of EMS assigned number of the specific agency responsible for the response to the incident.
Unit #	N/A	Enter the agency's specific apparatus number responsible for completion of the PPCR.
Agency Use #	N/A	Enter any additional tracking number assigned to an incident by your agency as appropriate.
Incident Location	N/A	Enter the place (street Address) where the incident occurred or where the patient was located.
Location Type	4	Select the category that best describes the place where the incident occurred or where the patient's injury/illness occurred.
Type of Service	5	Select the category that best describes the service requested.
Incident	6	Select the end result of the EMS response.

Disposition		

PPCR Field Name	Data Dictionary Reference Number	Remarks
Time of Call	12	Enter time (Military format) call was first received by dispatch, coded as HHMMM. (2:45pm would be coded as 1445).
Dispatched	13	Enter time (Military format) the response unit was notified by dispatch, coded as HHMMM. (2:45pm would be coded as 1445).
Responding	14	Enter time (Military format) the response unit notified dispatch that the unit was responding to the incident, coded in HHMM. (2:45pm would be coded as 1445).
Arrive Scene	15	Enter time (Military format) the response unit notified dispatch that the unit had physically arrived at the incident/patient location, coded as HHMM. (2:45pm would be coded as 1445).
Arrive Patient	16	Enter time (Military format) the response unit notified dispatch that the unit's personnel had physically arrived at the patient's side and could now establish direct contact, coded as HHMM. (2:45pm would be coded as 1445).
Leave Scene	17	Enter time (Military format) the response unit notified dispatch that the unit had physically left the incident/patient location, coded as HHMM. (2:45pm would be coded as 1445).
Arrive Destination	18	Enter time (Military format) the response unit notified dispatch that the patient had arrived at the destination or transfer point, coded as HHMM. (2:45pm would be coded as 1445).
Leave Destination	19	Enter time (Military format) the response unit notified dispatch that the unit had left the patient's destination or transfer point, coded as HHMM. (2:45pm would be coded as 1445).
Return Service	20	Enter time (Military format) the response unit notified dispatch that the unit was back in service and available for responses, coded as HHMM. (2:45pm would be coded as 1445).
AIC-Attendant in Charge	7	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level and signature.
Attendant 1	8	Indicate the provider's name, certification (or agency

		assigned) number, Virginia certification level.
Attendant 2	9	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level.

PPCR Field Name	Data Dictionary Reference Number	Remarks
Operator	10	Indicate the provider's name, certification (or agency assigned) number, Virginia certification level.
Patient's Name	N/A	Print the patient's name (first, middle initial and last). If the patient's name is unknown, print "Unknown" and complete all other patient information that is available.
SSN-Social Security Number	23	Enter the patient's nine-digit social security number. (**This is an extremely important** element in the linkage of the various reporting systems i.e. Trauma Registry, DMV, etc.
Address	N/A	Enter the patient's home or mailing address. Be as complete as possible.
City	N/A	Enter the city of the patient's residence.
State	N/A	Enter the state of the patient's residence.
Zip	22	Enter the zip code of the patient's residence; including zip code extension if known. Also very important for demographic analysis.
Parent/ Guardian	N/A	Enter the name of the patient's parent or guardian if the patient is a minor or legally cared for by another person.
Other Address	N/A	Enter any other address as necessary to contact the patient.
Allergies	N/A	Indicate any allergies the patient may have (drug or otherwise).
Meds	N/A	Indicate all medications the patient is currently taking. Dosages and frequency should be noted also.
Patient's FIPS	21	Enter the FIPS code (Appendix C) for the patient's city, town or county of residence.
Age	25	Enter the patient's age or best approximation of their age and mark the corresponding box for their age period (i.e. year, month, and day). If the patient's age cannot be determined due to the physical state of the body (i.e. decomposition, severe burns, etc.), mark only the "Unknown" (Unk) box.
DOB– Date of Birth	24	Enter the patient's date of birth, coded as MMDDYYYY. (March 1, 2005 would be coded as 03012005).
WT- Weight	N/A	Enter the approximate weight of the patient and check the corresponding box for the unit of measure (either "LB" for pounds or "KG" for kilograms).

Race Code	27	Enter the code that best describes the Race/ethnicity of the patient. Reference chart for the code numbers can be found on the back of the PPCR. Indicate "Unknown" if the race cannot be determined due to the physical state of the body (i.e. decomposition, severe burns, etc.).

PPCR Field Name	Data Dictionary Reference Number	Remarks
Gender Code	26	Enter the code that best describes the patient's gender. Reference chart for code number can be found on the back of the PPCR. Indicate "Unknown" if the gender cannot be determined due to the physical state of the body (i.e. decomposition, severe burns, etc.).
Patient's Physician	N/A	Enter the name(s) of the patient's primary physician(s).
Other Personnel	N/A	Enter the name(s) of other responding personnel or EMS units.
Fire	N/A	Enter unit designators for responding fire apparatus.
Law Officer	N/A	Enter name(s) of responding law officers.
Chief Complaint	N/A	Enter the patient's primary complaint (i.e., chest pain, seizure, head injury, etc.). If the patient indicates they have multiple complaints, indicate the single most serious complaint. Neither mechanism of injury, nor cause of illness should be considered as a chief complaint (i.e. motor vehicle collision).
Type of Call	N/A	Select the type of call for which the unit responded.
Pre-Existing Condition	28	Select (up to 5) pre-existing medical conditions that become known to the provider. If there are more than 5 conditions present, indicate the 5 most prevalent or serious conditions.
History of Present Illness / Physical Exam / Other Information	N/A	Record the findings of your patient assessments, details regarding the chief complaint, symptoms and events leading up to the illness or injury. Include other pertinent comments related to the patient's condition. Do not document assumptions or information not relevant to a patient's medical condition or treatments. If additional space is needed, utilize an addendum or supplemental report sheet as specified by your agency.
APGAR		Indicate the newborn patient's 1 minute and 5-minute APGAR scores as applicable.
Burn %	N/A	Indicate the patient's estimated total body surface burn

		percentage, as applicable. (Patent's palm is approximately 1% of total body surface.)

PPCR Field Name	Data Dictionary Reference Number	Remarks
Vital Signs:		It is recommended that a minimum of one set of vitals be recorded for those patients assessed but not transported and two sets of vitals for patients transported.
Time	N/A	Indicate the time (Military format) for the corresponding set of vital signs, coded as HHMM. (2:45pm would be coded as 1445).
LOC – Level of Consciousness	N/A	Mark the box corresponding to the patent's level of consciousness.
Pulse	34	Indicate the patient's palpated or auscultated pulse rate expressed in number per minute. "Not Obtained" should be indicated if there was no attempt to take the patient's pulse. "Unable To" should be indicated when an attempt was made to take the patent's pulse rate, but there was some type of obstruction that prevented the assessment (i.e. patent trapped in car and out of reach to providers).
Respirations	35 & 36	Indicate the unassisted patent's respiratory rate expressed in number per minute. Mark the box corresponding to the patient's respiratory effort. If the patient is not breathing on their own and requires artificial ventilations, mark the "Absent" box.
BP – Blood Pressure	33	Indicated the patient's systolic and diastolic blood pressure. If the blood pressure was palpated, enter the systolic reading and check the "Palpated" box. "Not Obtained" should be indicated if there was no attempt to take the patient's blood pressure. "Unable To" should be indicated when an attempt was made to take the patent's blood pressure, but there was some type of obstruction that prevented the assessment (i.e. patient trapped in car and out of reach of providers).
Skin Perfusion	37	Indicate the patient's skin perfusion, expressed as either "Normal" or "Decreased". "Not Obtained" should be indicated if there was no attempt to check the patient's skin perfusion. If needed, additional comments can be added to the narrative section to explain the "decreased" findings.

| Pupils | N/A | Indicate the papillary response to light by marking the appropriate reaction. |
| EKG | 49 & 50 | Indicate the electrocardiogram interpretation as applicable. (initial & final) |

PPCR Field Name	Data Dictionary Reference Number	Remarks
Defib Joules	N/A	Indicate the pulse oximetry reading as applicable.
Pulse Ox – Oxygen Saturation	N/ A	Indicate the pulse oximetry reading as applicable.
Glucose	N/A	Indicate the pulse oximetry reading as applicable.
GCS Score	38, 39 &40	Indicate the patient's total Glasgow Coma Score and each individual component of that scoring system (for all patients). Additionally indicate the patient's revised trauma score as applicable.
Mechanism of Injury	29	Select (up to 5) external causes of the patient's injury. "Not Applicable" should be checked when an external injury code does not apply to the situation, such as a medical emergency (i.e. sickness, chest pain, fever, etc.). "Unknown" should be indicated if information regarding the mechanism of injury cannot be accurately determined; however, this should be a rare entry.
Signs and Symptoms	31	Select (up to 5) signs and symptoms as reported by the patient or observed by the provider.
Clinical Assessment	59	Select up to 5 most important primary findings that lead the provider to determine which treatments, medications, and procedures were needed and provided to the patient.
Injury Description	30	Mark the clinical description(s) (up to 5) of the injury type and body site. Each injury should be designated by body site and injury type. If there are more than 5 injuries present, indicate the 5 most severe injuries.
Time Cardiac Arrest Witnessed	41	Enter time (Military format) of witnessed cardiac arrest, coded as HHMMM. (2:45pm would be coded as 1445).
Time 1st CPR	42	Enter time (Military format) of first CPR, coded as HHMMM. (2:45pm would be coded as 1445).
Provider of 1st CPR	43	Select person who performed first CPR on patient as applicable.
Time 1st defib	44	Enter time (Military format) of first defibrillation received by patient, coded as HHMMM. (2:45pm would be coded as

		1445).
Provider of 1st Defib	45	Select the person who performed the first defibrillation of the patient as applicable.

PPCR Field Name	Data Dictionary Reference Number	Remarks
Defib Device	46	Select the type of defibrillation device used for the initial shock as applicable
Time CPR Disc.	47	Enter time (Military format) at which medical control or responding EMS unit terminated CPR in the prehospital setting, coded as HHMMM. (2:45pm would be coded as 1445).
Time Circulation Returned	48	Enter time (Military format) of restored palpable pulse following resuscitation attempts in the prehospital setting, coded as HHMMM. (2:45pm would be coded as 1445).
Procedures	51	Select all procedures attempted or successfully performed on the patient/Where applicable, indicate the number of attempts (A) and successes (S). Also indicate the certification (or agency assigned) number of the provider performing the procedure.
ID Number (procedures)	N/A	Indicate the provider's certification (or agency assigned) number who performed the airway procedure as applicable.
Procedures - Airway	N/A	If airway procedures were used, select the type of procedure, as applicable.
Size (Airway)	N/A	Indicate the size of airway adjunct utilized as applicable.
LOC (Airway)	N/A	Indicate the location of the airway adjunct used i.e. oral vs. nasal.
Attempts (Airway)	N/A	Indicate the number of attempts required to perform the airway procedure as applicable.
# Suc (Airway)	N/A	Indicate the number of unsuccessful attempts performed during the airway procedure as applicable.
Time (Airway)	N/A	Indicate the time the particular airway procedure was performed as applicable.
ID Number (Airway)	N/A	Indicate the provider's certification (or agency assigned) number who performed the airway procedure as applicable.
Agency Use	N/A	Space provided for any agency specific needs.
IV Access	N/A	If IV procedures were used, select the type of procedure, as applicable. Fluid Type (IV) N/A Indicate the type of IV

		fluid utilized in performing the IV procedure as applicable.
Location (IV)	N/A	Indicate the location of the IV procedure as applicable.
Gauge (IV)	N/A	Indicate the IV catheter size utilized in performing the procedure as applicable.

PPCR Field Name	Data Dictionary Reference Number	Remarks
Attempts (IV)	N/A	Indicate the number of attempts to perform the IV procedure as applicable.
#Suc (IV)	N/A	Indicate the number of successful attempts performed during the IV procedure as applicable.
Time (IV)	N/A	Enter time (Military format) IV access was established coded as HHMMM. (2:45pm would be coded as 1445).
Fluid Type (IV)	N/A	Indicate the type of IV fluid that was provided to the patient through the IV documented.
Vol./Rate	N/A	Note the volume and/or rate of IV fluid administration.
ID Number (IV)	N/A	Indicate the provider's certification (or agency assigned) number who performed the IV procedure as applicable.
Medication	N/A	If applicable, document all medications administrated. Include those prescribed medications which providers assisted the patient to administer (i.e. nitro, etc.).
Dose / Route (Meds)	N/A	Indicate the dose of medication administered and the corresponding route of administration. For each medication listed, there is space to indicate two separate doses of the same medication. For each dose listed, be specific and complete the corresponding fields.
Time (Meds)	N/A	Enter time (Military format) the particular medication was administered. For each medication listed, there is space to indicate two separate times for each dose of the same medication, coded as HHMM. (2:45pm would be coded as 1445). Indicate the time for each dose listed, be specific and complete the corresponding fields.
ID Number (Meds)	N/A	Indicate the provider's certification (or agency assigned) number who performed the medication administration as applicable.
Treatment Authorization	52	Select the single highest level of authorization obtained for patient treatment provided.
Physician Notes/ Signature	N/A	Space provided for specific physician notes and signature.
Physician DEA #	N/A	Enter the medical control physician's DEA number when controlled drugs were utilized in the treatment of the patient.

Narcotics Accounted for	N/A	Physician, pharmacist or nurse must sign form accounting for any narcotics used by EMS personell.
IV Box / Old New #	N/A	If applicable to your agency, enter the old and new IV box numbers.

PPCR Field Name	Data Dictionary Reference Number	Remarks
Drug Box / New #'s	N/A	If applicable to your agency, enter the old and new Drug box numbers.
End Mileage	N/A	If applicable to your agency, enter the mileage for the response unit at the end of the incident.
Start Mileage	N/A	If applicable to your agency, enter the mileage for the response unit at the beginning of the incident.
Total Mileage	N/A	If applicable to your agency, enter the total mileage traveled for the response unit. Subtract the Start Mileage from the End Mileage to obtain the Total Mileage for the incident.
MV Impact	53	Select up to 5 motor vehicle impact sites as applicable.
Safety Equipment	54	Select up to 5 types of safety equipment used by the patient at the time of injury.
Level of Care Provided	55	Select the level of care provided to the patient.
Destination Transferred	56	Select the health care facility or EMS Agency that received the patient from the EMS provider completing this report as applicable.
Destination Determination	57	Select the reason a transport destination was selected as applicable.
Receiving Facility #	58	Enter the Office of EMS assigned number for the health care facility (appendix E) or EMS agency (appendix D) that received the patient from the EMS provider completing this report as applicable. If the EMS agency number exceeds the number of boxes available, write the first digit besides the first box (just after the #)

BACK OF FORMS: On the back of the PPCR is an informed consent to refuse, billing information section, an inventory log of patient belongings and reference charts.

PPCR Field Name	Date Dictionary Reference Number	Remarks
Informed Consent to Refuse	N/A	Enter information as requested to fulfill requirements for a patient to consent to an informed refusal of services. The refusal section is to be signed by the patient or legal guardian as appropriate.
Billing Information	N/A	If applicable to your agency, enter the billing information as required.
Patient Belongings Inventory Log	N/A	This area provides space to document any patient belongings, including valuables, which were transported and turned over to the receiving facility's personnel.
Reference Charts	N/A	Reference charts for the Glascow Come Scale (including pediatric criteria), adult Revised Trauma Score, APGAR scoring system and the rule of 9's are present to aid providers in documenting the important system measurements. Additional charts are printed for race and gender.

VIRGINIA OFFICE OF EMS
PRE-HOSPITAL PATIENT DATA REPORT (PPDR)
GENERAL INSTRUCTIONS

VIRGINIA DATA COLLECTION
SOFTWARE

Although the PPCR Form has been designed to collect the minimum data set, it cannot be used to submit the required data to the Office of EMS. Prehospital Patient Data Report (PPDR) submissions must be reported to the Office of EMS through either electronic submission or paper scan forms, "bubble sheets"

Data submitted electronically is done through the use of computer software designed to copy the required data elements into a file. (Refer to Appendix B for the format of this file.) Agencies may develop their own software or purchase a commercial software package; however, agencies MUST ensure that their selected means of data submission complies with all required data elements and meets the technical specifications described in Appendix B of this manual.

The Office of EMS has developed its own data submission software. This software is designed to run on computers capable of supporting Windows 95, Windows 98, 2000 or XP. It is available free of charge to all EMS agencies. It can also be downloaded from the Office of EMS website at www.vdh.state.va.us/oems (For those agencies that do not have access to the Internet, a copy of the software can be requested by contacting (804) 864-7600 or 1-800-523-6019).

This software allows the minimum data set to be entered from the PPCR form into the PPDR program and saved. On a quarterly basis, agencies using this software develop a file that can be uploaded via the OEMS web site (preferred method) or by placing the file on a CD or Floppy diskette. The PPDR software will guide the user in developing this file in the proper format.

Agencies mailing in CD's or Floppy diskettes must mark the disks with their agency number, period reporting and a email or phone contact in case there is a need for OEMS to communicate problems with their submissions. Disks should be mailed in a package designed specifically for the mailing of CD's or diskettes.

Submissions by mail should be sent to The Office of EMS P.O. 2448 Richmond, Virginia 23218. Please mark the package attention PPDR.

 It is the agencies responsibility to assure that their data is submitted and arrives in a manner that it can be loaded into the PPDR database. Contact information on the disk is essential for OEMS to advise agencies of problems with their submission

OEMS PRE-HOSPITAL PATIENT DATA REPORT (PPDR) SOFTWARE PROGRAM

This is the eighth release of the PPDR program (Version 2.1). This program is for use on **Windows 95, 98, 2000 and XP Systems.** A CD of the most recent version has been included. To install PPDR, complete the following steps:

1. It is recommended that you back up your PC before installing new software.
2. Insert the PPDR CD into your CD ROM drive.
3. Click on the "Start Menu" and then on "Run".
4. Type "D:\Setup.exe" at the prompt. Note: "D" in this case is the letter of the CD ROM drive.
5. The installation will then begin. It is recommended that you accept the default settings.
6. The update will take place the next time you run the PPDR program.

OEMS PRE-HOSPITAL PATIENT DATA REPORT (PPDR) PROGRAM – SCAN FORMS (bubble sheets)

The PPDR Scan Form is a supplemental sheet to the PPCR form and is one of the available mechanisms for reporting the minimum data set to the Office of EMS. Agencies who develop their own PPCR patient care report form may also use the PPDR as a supplemental sheet to submit the minimum data set to Office of EMS. If your agency chooses to utilize this supplemental sheet as their mechanism to submit data, there must be one PPDR Scan form for **each** incident assigned and/or patient care report completed. Refer to the "Specific Reporting and Data Submission Requirements" section on page 6 for additional details on situations that require completion of a PPCR and submission of data.

The PPCR and PPDR were designed to facilitate the transfer of information between the two documents. Each section on the PPDR form will correspond to a PPCR field. The number indicated by an individual item selected on the PPCR will match the numeric choices of the corresponding information on the PPDR. The PPDR is not designed to take the place of the PPCR. The PPDR form should not be incorporated into an individual's permanent medical record.

SPECIFIC INSTRUCTIONS
The PPDR is a two-part document that uses "no carbon required" (NCR) paper to provide a copy. Place this form on a firm surface and use a #2 pencil to darken the bubbles that correspond to the PPCR information. If a mistake is made, completely erase the mark on

both copies and darken the correct bubble. Do not make any stray marks or attempt to conceal mistakes with correction fluid (i.e. white out). Be careful not to fold, crease or staple this form, as it will be inserted into a scanner to be read.

There are two major sections of the PPDR. These sections are identified by the background color of the data headings (black or blue). When a PPCR (or other agency-developed form) is only used to document an incident response with no patient contact

(i.e. canceled calls, standby calls. etc.), only the information under the black data headings on the PPDR needs to be completed. (Refer to example on following page.) If a patient was evaluated, treated, and/or transported, the information under the blue data headings on the PPDR must be completed in addition to the information under the black data headings. Refer to the Data Element Dictionary (Appendix A) for specific details of each data point, to include data point definitions, applicability and when multiple entries are allowed.

Original completed PPDR scan forms must be mailed in a manner that will reasonably protect the documents from being folded or otherwise damaged. All PPDR forms should be submitted to Office of EMS (P.O. Box 2448 Richmond, VA 23218) per the data submission schedule on page 5.

It is the agencies responsibility to assure that their data is submitted and arrives in a manner that it can be scanned into the PPDR database. Contact information should be included with the forms submitted, this is essential for OEMS to advise agencies of problems with their submission.

DISTRIBUTION OF COPIES
Copy distribution of the PPDR is as follows:
Top Copy Submitted to the Office of EMS.
Bottom Copy Retained by EMS agency as a backup copy.
Note: If the original PPDR is lost, the bottom copy can used to recreate a new original PPDR. The copy cannot be submitted to the Office of EMS because the scanning equipment is unable to read the carbon.

ORDERING PPDR FORMS
PPDR forms can be obtained from the Office of EMS. Refer to Appendix G for a copy of the PPDR Order Form. The request form can also be downloaded from the OEMS web site.